

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 04 / 2016	
Mailing Address 945 Camelia St		Amount 570.83	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710635
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 04 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: FL	
Calendar Year-To-Date Per Election for Office Sought 570.83		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2016	
Mailing Address 155 Grand Avenue		Amount 30.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710633
Purpose of Expenditure Online Ad	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 04 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: OR	
Calendar Year-To-Date Per Election for Office Sought 30.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	600.83
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
03 / 05 / 2016

Signature

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FOR SE OF FORM 24/48

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Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 04 / 2016	
Mailing Address 1101 8th Street		Amount 3560.58	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D710634
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 04 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought 9060.58		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Flysigns Aerial Advertising, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 05 / 2016	
Mailing Address 40944 Calle Santa Cruz		Amount 2340.00	
City Indio	State CA	Zip Code 92203-7487	Transaction ID : D710636
Purpose of Expenditure Advertising	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 04 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 2340.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5900.58
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	6501.41

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
03 / 05 / 2016

Signature